

Arlington Council on Aging
27 Maple Street
Arlington, MA 02476
781-316-3400



FY 22 Application for Senior Property Tax Work Off Program
DUE BY OCTOBER 29, 2021

Date _____ Fiscal Year _____

Name of applicant _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ DOB _____

Eligibility and Guidelines: Answers are confidential. Applicants meeting eligibility requirements will be considered for placement in participating departments. Residents must reapply annually. Verification is required

Please check the appropriate category:

- _____ Annual income up to \$57,000 Single
_____ Annual income up to \$85,000 Married Filing Jointly
_____ Annual income up to \$71,000 Head of Household

- Applicant must be age 60 or older and an Arlington homeowner, living in the home
- Abatement up to \$1,500 annually per Senior, work up to 125 hours
- One year residency in Arlington requirement
- Applicant name must be on the deed
- W-4 and CORI (Criminal Offender Record Information) forms are part of the application (a copy of a picture ID is required for the CORI)

Do you own and occupy the property for which Arlington taxes are paid? _____ yes _____ no

Is the deed in the applicant's name? _____ yes _____ no

Are there any unusual or extraordinary needs or expenses? _____

Please describe any training or job related skills that will help us evaluate your application for this program (i.e. computer skills, accounting, office , data entry, etc.)

[illegible]

Days and hours you are available to work:

Signature _____ Date: _____

FOR OFFICE USE ONLY

Referral to: _____ Date: _____

If denied, indicate reason:

Interview Date: _____ Start Date: _____

Department Supervisor: _____ COA Signature: _____